

Prepared by and return to:
O'Brien Law Firm, LLC/Bar No. 10731
1630 Goodman Road East, Suite 5
Southaven, MS 38671
(662) 349-3339

Indexing Instructions: Lot 72, Sec A, Southaven Subd., S14, T1S, R8W,
In BK 2, Page 4 + 5.

KEVIN F. O'BRIEN, DENNIS O'BRIEN, MICHAEL E. O'BRIEN AND DARREN O'BRIEN
Grantors

TO

WARRANTY DEED

MAUREEN E. O'BRIEN
Grantees

For and in consideration of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, the undersigned, KEVIN F. O'BRIEN, DENNIS O'BRIEN, MICHAEL E. O'BRIEN AND DARREN O'BRIEN, Grantors, does hereby sell, convey and warrant unto MAUREEN E. O'BRIEN, a single person, Grantee, the following described real property located and situated in DeSoto County, Mississippi, and more particularly described as follows, to-wit:

Lot 72, Section A, Southaven, Subdivision, Section 14, Township 1 South, Range 8 West, as shown on the revised plat of said subdivision recorded in Plat Book 2, Pages 4 and 5, in the Chancery Clerk of DeSoto County, Mississippi.

Grantors covenant and warrant that they do not now, nor have they ever occupied the subject property or any part thereof, either adjoining or adjacent thereto as a homestead and claim no interest as such therein and said property is commercial property.

The warranty in this deed is subject to restrictive covenants and utility easements shown on plat of said subdivision, subdivision and zoning regulations in effect in DeSoto County, Mississippi, rights of ways and easements for public roads and public utilities and all applicable building restrictions and easements of record, Health Department regulations in effect in DeSoto County, Mississippi, and any prior reservation of minerals of every kind and character, including, but not limited to, oil, gas, sand and gravel, in, on and under the aforescribed real property.

Possession will be given upon delivery of this deed.

Taxes for the year 2011 will be prorated between the Grantors and Grantee.

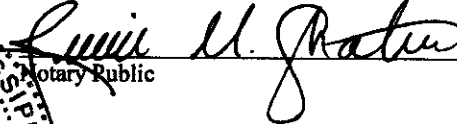

 KEVIN F. O'BRIEN

STATE OF MISSISSIPPI
 COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said County and State aforesaid, on this 30 day of June, 2011, within my jurisdiction, the within named, **KEVIN F. O'BRIEN**, who acknowledged that he executed the above instrument for the purposes described therein.

My commission expires: 01-17-14



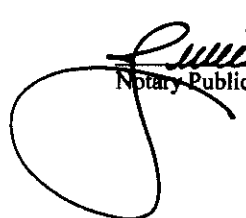

 Notary Public


 MICHAEL E. O'BRIEN

STATE OF MISSISSIPPI
 COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said County and State aforesaid, on this 30 day of June, 2011, within my jurisdiction, the within named, **MICHAEL E. O'BRIEN**, who acknowledged that he executed the above instrument for the purposes described therein.

My commission expires: 01-17-14


 Notary Public



Grantor's Address
 3920 Woodcrest Drive
 Olive Branch, MS 38654
 Home: n/a
 Work: 662-349-3339

Grantee's Address
 1944 Nelson Ave.
 Memphis, TN 38104
 Home: 901-624-6110
 Work: 901-321-4303



DARREN O'BRIEN

STATE OF MS
 COUNTY OF DeSoto

On this the 29 day of June, 2011, before me, a notary public, personally appeared **DARREN O'BRIEN**, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same as for the purpose therein contained.

My commission expires: 01-17-14



 Notary Public



WITNESS THE SIGNATURES of the Grantors this the 29 day of June, 2011

STATE OF
COUNTY OF

MAUREEN E. O'BRIEN

Personally appeared before me, the undersigned authority in and for the said County and State aforesaid, on this _____ day of _____, 2011, within my jurisdiction, the within named, MAUREEN E. O'BRIEN, who acknowledged that she executed the above instrument for the purposes described therein.

My commission expires: _____

Notary Public

STATE OF MISSISSIPPI
COUNTY OF DESOTO

KEVIN F. O'BRIEN

Personally appeared before me, the undersigned authority in and for the said County and State aforesaid, on this _____ day of _____, 2011, within my jurisdiction, the within named, KEVIN F. O'BRIEN, who acknowledged that he executed the above instrument for the purposes described therein.

My commission expires: _____

Notary Public

STATE OF MISSISSIPPI
COUNTY OF DESOTO

MICHAEL E. O'BRIEN

Personally appeared before me, the undersigned authority in and for the said County and State aforesaid, on this _____ day of _____, 2011, within my jurisdiction, the within named, MICHAEL E. O'BRIEN, who acknowledged that he executed the above instrument for the purposes described therein.

My commission expires: _____

Notary Public

Grantor's Address

Grantee's Address

Home:
Work:

Home:
Work:

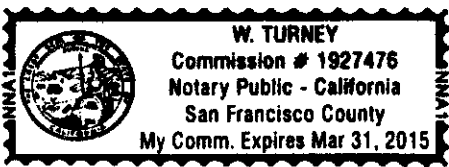
SEE ATTACHED CALIFORNIA
ALL-PURPOSE
ACKNOWLEDGEMENT

D. O'Brien
Dennis J. O'Brien

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California }
County of SAN FRANCISCO }
On JUNE 29, 2011 before me, W. TURNEY / NOTARY PUBLIC
Date Here Insert Name and Title of the Officer
personally appeared DENNIS O'BRIEN
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document
Title or Type of Document: WARRANTY DEED
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____
Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
<input type="checkbox"/> Corporate Officer — Title(s): _____	<input type="checkbox"/> Corporate Officer — Title(s): _____
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual
<input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General	<input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General
<input type="checkbox"/> Attorney in Fact	<input type="checkbox"/> Attorney in Fact
<input type="checkbox"/> Trustee	<input type="checkbox"/> Trustee
<input type="checkbox"/> Guardian or Conservator	<input type="checkbox"/> Guardian or Conservator
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Signer Is Representing: _____	Signer Is Representing: _____